

SSG & ESG Quarterly Report

Agency: _____
 Program Type: _____

PLEASE SUBMIT A SEPARATE REPORT FOR EACH TYPE FACILITY

Address: _____
 Quarter: _____
 Grant number(s): _____
 Type of Grant: _____

Person Submitting Report: _____ Telephone: _____

	TANF-Eligible Households	All Other Households	Total
1. Total NEW households this quarter (Households may consist of one person. Each unaccompanied person represents a household and should be included as such.)			0
2. Type of Households			
Household Composition			
Unaccompanied Adult Men			0
Unaccompanied Male Youth			0
Unaccompanied Adult Women			0
Unaccompanied Female Youth			0
Single Parent-Male Head of Household			0
Single Parent-Female Head of Household			0
Two-Parent Family			0
Adult Couple Without Children			0
Other			0
Total for Quarter (should equal totals in #1)	0	0	0
3. Race of Heads of Household			Total
White			0
Black/African American			0
Asian			0
American Indian/Alaska Native			0
American Indian/Alaska Native & White			0
Asian & White			0
Black/African American & White			0
American Indian/Alaska Native & Black/African American			0
Other/Multi-Racial			0
Total for Quarter (Should equal totals in #1)	0	0	0
4. Hispanic Heads of Household			Total
Yes			0
No			0
Total for Quarter (should equal totals in #1)	0	0	0
5. Number of New Persons (this quarter)			Total
Male			0
Female			0
Total for Quarter (all new persons in all households)	0	0	0
6. Age of New Persons			Total
0-4			0
5-12			0
13-17			0
18-61			0
62 or older			0
Total for Quarter (should equal totals in #5)	0	0	0
7. New Persons - Veterans (this quarter)			0
8. Reason for Homelessness - New Households	TANF-Eligible Households	All Other Households	Total
Eviction			0
Foreclosure			0
Domestic Violence			0
Loss of income			0
Chronic			0
Other			0
Total for Quarter (should equal totals in #1)	0	0	0
9. New Persons - Defined as Chronic	Females	Males	Total
An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.			0

On July 1, 2007, all households in residence are considered NEW for fiscal year 2008.

The total for #9 should equal the number shown under Chronic in #8

10. Source of New Referrals (new households)	TANF-Eligible Households	All Other Households	Total
Department of Social Services			0
Mental Health Agency			0
Police			0
Hospital			0
Emergency Shelter			0
Community Service Agency			0
Family/Friend			0
Faith-based/Church			0
Self-Referral			0
Transitional Housing			0
Total for Quarter (should equal totals in #1)	0	0	0

11. Source of Income for New Households at Intake (check all that apply - indicate source not amount)	TANF-Eligible Households	All Other Households	Total
Wages/Salary			0
TANF (Cash Assistance)			0
TANF (Non-cash assistance through Vendors)			0
Child Support			0
Medicare/Medicaid			0
Food Stamps			0
General Relief			0
Social Security			0
Soc. Sec. Disability Income/SSI			0
Unemployment Benefits			0
Other Disability			0
Housing Subsidy			0
Veterans Benefits			0
Other			0

	Adults (18 or older)	Children (up to age 18)
12. Total number of bed nights provided to all persons served in the quarter.		
13. Number of Persons Turned Away (this quarter)		
Reason	Persons	
Lack of Bed Space		
Mental Illness		
Drug Addiction		
Two-parent Family		
Mental Retardation		
Intoxication		
Physical Handicap		
Other		
Total for Quarter	0	

14. All Sources of Income at Exit (check all that apply - indicate source not amount)	TANF-Eligible Households	All Other Households	Total
Wages/Salary			0
TANF (Cash Assistance)			0
TANF (Non-cash assistance through Vendors)			0
Child Support			0
Medicare/Medicaid			0
Food Stamps			0
General Relief			0
Social Security			0
Soc. Sec. Disability Income/SSI			0
Unemployment Benefits			0
Other Disability			0
Housing Subsidy			0
Veterans Benefits			0
Other			0

15. Housing Placement at Exit (# of households)	TANF-Eligible Households	Other Households	Total
Temporary			
Other Homeless Shelter			0
Transitional Housing			0
Family/Friends			0
Other			0
Subtotal	0	0	0
Permanent			
Supportive Housing			0
Section 8/Housing Choice Vouchers			0
Public Housing			0
Market Rate Rental			0
Other			0
Subtotal	0	0	0
Unknown or not available			0
Total Exited for Quarter	0	0	0

If household is exiting to family/friends on a permanent basis, indicate by type of permanent housing

Reports are due by: October 10, January 10, April 10, and July 10
Submit reports electronically to HSNH@dhcd.virginia.gov

Important Notice: Please do not make copies of the worksheet, as it will remove the protection on certain fields and may cause errors in future months. To keep the original form, just "save as" using agency name-SSG (quarter). An example would be: ABCShelter-SSG-2nd Quarter 2007. This will allow you to reuse the original version each month. Another option is to download a new form each month.